# FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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OMB Number:

NOTICE OF SALE OF SECURIT PURSUANT TO REGULATION D **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTI

SEC US	E ONLY
Prefix	Serial
DATE RI	ECEIVED

OMB APPROVAL

Name of Offering (☐ check if this is an ar	nendment and name has	s changed, and indic	ate change.)		
CASA Partners II, L.P.					
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 50	05 ☑ Rule 506 □	Section 4(6) UL	.OE	
Type of Filing: ☑ New Filing ☐ Amend	ment				
	A. BAS	SIC IDENTIFICAT	TON DATA		
1. Enter the information requested about the	ie issuer				
Name of Issuer ( check if this is an ame	ndment and name has c	hanged, and indicat	e change.)		
CASA Partners II, L.P.					
Address of Executive Offices	(Nu	ımber and Street, C	ty, State, Zip Code)	Telephone Number (Inc	cluding Area Code)
737 North Michigan Avenue, Suite 1950	, Chicago, Illinois 6061	11		312-397-1122	
Address of Principal Business Operations	(Nu	ımber and Street, Ci	ty, State, Zip Code)	Telephone Number (Inc	cluding Area Code)
(if different from Executive Offices)					·
Brief Description of Business					
Real estate investments					11/0/69
Type of Business Organization					·
□ corporation	☑ limited partnership,	, already formed	□ other	(please specify): limited l	iability company
☐ business trust	☐ limited partnership,	, to be formed			PROCES
		Month Ye	ır		
		1 0 0	1 ⊠ Actual □	Estimated	_ APR 0 1
Actual or Estimated Date of Incorporation	or Organization:	1 0 0	II B Actual B	Estillated	
Jurisdiction of Incorporation or Organizati	on:	(Enter two-letter	U.S. Postal Service	abbreviation for State:	THOMS
		CN for Canada;	N for other foreign	jurisdiction)	비밀 FINANCI

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	4		A. BASIC IDE	ENTIFICATION DATA	1					
2.	Enter the information requested for the following:									
	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
•	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
	• Each executive office	er and director of	corporate issuers and of	corporate general and ma	anaging partners	of partnership issuers; and				
_ •	• Each general and ma	naging partner of	partnership issuers.							
Checl	Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full N	Name (Last name first, if i	ndividual)								
Hend	erson Global Investors (	North America)	Inc.							
Busin	ess or Residence Address	(Number and St	treet, City, State, Zip Coo	le)						
737 N	orth Michigan Avenue,	Suite 1950, Chic	ago, Illinois 60611							
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full N	Name (Last name first, if is	ndividual).								
Hend	erson Global Investors (	GP, L.L.C.								
Busin	ess or Residence Address	(Number and St	reet, City, State, Zip Coo	le)						
737 N	lorth Michigan Avenue,	Suite 1950, Chic	ago, Illinois 60611							
Checl	Read (Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full N	lame (Last name first, if it	ndividual)								
Mart	ha, James G.									
Busin	ess or Residence Address	(Number and St	reet, City, State, Zip Coo	le)						
737 N	orth Michigan Avenue,	Suite 1950, Chic	ago, Illinois 60611		<u></u>					
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full N	lame (Last name first, if in	ndividual)								
	. SEE A	TTACHMI	ENT	•						
Busin	ess or Residence Address	(Number and St	reet, City, State, Zip Cod	le)						
Check	(Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full N	lame (Last name first, if in	ndividual)								
Busin	ess or Residence Address	(Number and St	reet, City, State, Zip Cod	le)						
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full N	Jame (Last name first, if in	ndividual)								
Busin	ess or Residence Address	(Number and St	reet, City, State, Zip Cod	e)						
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full N	lame (Last name first, if in	ndividual)								
Busin	ess or Residence Address	(Number and St	reet, City, State, Zip Cod	ie)						

					В. 1	NFORMA	HON AE	SOUT OF	EKING					
•													Yes	No
1.	Has the	issuer sol	d, or does t			ll, to non-a				ng?	• • • • • • • • • • • • • • • • • • • •		🗆	$\square$
				Answer a	lso in App	endix, Colu	mn 2, if f	iling under	ULOE					
2.	What is	the minin	num invest	ment that v	vill be acc	epted from	any indivi	dual?					<u>\$5,000</u> ,	000
													⊠Yes	No
3.		_	•			gle unit?								
4.	similar i is an ass broker o	remunerat sociated po or dealer.	ion for soli erson or ag	citation of ent of a broin five (5)	purchasers oker or dea persons to	who has bee in connect aler register be listed are	ion with s ed with th	ales of sec e SEC and	urities in th or with a s	ne offering tate or stat	If a persones, list the	on to be list name of the	ed e	
Full Nam	ne (Last na	ame first,	if individu	al)										
Henders	on Globa	l Investor	rs Equity 1	Planning, 1	Inc.									
Business	or Reside	nce Addr	ess (Numb	er and Stre	et, City, S	tate, Zip Co	de)							
737 Nort	th Michig	an Aveni	ie, Suite 19	950, Chica	go, Illinoi	s 60611						. <u>-</u>		
Name of	Associate	ed Broker	or Dealer											
													···-	
						olicit Purcha						_		
(Ch					•									
	[AL]	[AK]	[AZ]	[AR]	[CA]	X-[CO]		[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
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	[RI]	[SC]	[SD]	[TN]	[TX]	X-[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	ne (Last na	ame first,	if individua	al)										
N/A											<del></del>			
Business	or Reside	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip Co	de)							
N C		1.70 -1	D1							=				
Name of	Associate	а втокет	or Dealer											
States in	Which Pe	rson Liste	ed Has Soli	cited or Int	tends to Sc	olicit Purcha	sers							-
													All States	
(	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nam			if individua											
N/A		,		,										
	or Reside	nce Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	de)							
Name of	Associate	d Broker	or Dealer										<u> </u>	
					-							·····		
						licit Purcha								
(Ch	eck "All S	States" or	check indiv	vidual State	es)	•••••				•••••		A	All States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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	Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate	An	nount Already
		Of	ffering Price		Sold
	Debt	<u>\$</u>	-0-	\$	-0-
	Equity	<u>\$</u>	-0-	<u>\$</u>	-0-
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	-0-	<u>\$</u>	-0-
	Partnership Interests	<u>\$40</u>	0,000,000	<u>\$</u>	-0-
	Other (Specify)	\$	-0-	\$	-0-
	Total	\$40	0,000,000	<b>\$</b>	-0-
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
					Aggregate
			Number	D	ollar Amount
			Investors	O	f Purchases
	Accredited Investors		-0-	<u>\$</u>	-0-
	Non-accredited Investors		-0-	<u>\$</u>	-0-
	Total (for filings under Rule 504 only)		-0-	<u>\$</u> _	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of	Do	ollar Amount
			Security		Sold
	Rule 505	_		<u>\$</u>	
	Regulation A			\$	
	Rules 504		•	<u> </u>	
	Total			<u> </u>	
<b>.</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		☑	<u>s</u>	-0-
	Printing and Engraving Costs		☑	\$	-0-
	Legal Fees		⊠	<u>\$</u>	50,000
	Accounting Fees		☑	<u>\$</u>	-0-
	Engineering Fees		☑	\$	-0-
	Sales Commissions (specify finders' fees separately)		☑	<u>\$</u>	-0-
	Other Expenses (identify) Placement Agent		☑	\$	29,000
Γota	1		☑	\$	79,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Other (specify):						\$ <u>399</u>	9,92	1,000
5.	of the purposes shown. If the amount of a the left of the estimate. The total of the pa	ny purpose is not known, furnish an estimate and check the syments listed must equal the adjusted gross proceeds to the	box t	0				
					Payments to Officers, Directors, & Affiliates		•	ments to
	Salaries and fees		<b>Ż</b>	<u>\$</u>	-0	<b>≥</b> <u>\$</u>	}	-0-
	Purchase of real estate		<b>)</b>	<u>\$</u>	-0	Ճ §	399,	921,000
	Purchase, rental or leasing and installation	of machinery and equipment	<b>*</b>	<u>\$</u>	-0	<u>⊴</u> §	;	-0-
	Construction or leasing of plant buildings	and facilities	<b></b>	<u>\$</u>	-0	<b>⊅</b> §	;	-0-
			· <b>\</b>	<u>\$</u>	-0	⊠ <u>\$</u>	ì	-0-
	Repayment of indebtedness		<b>Þ</b>	<u> </u>	-0-	⊠( <u>s</u>	<u>;                                    </u>	-0-
Working capital					-0-	<b>ಶ</b> §	;	-0-
	Other (specify):		<b>z</b>	<u>\$</u>	-0	<b>≥</b> _		-0-
	Column Totals		🗷	<u> </u>	-0	<b>Z</b> §	399,	921,000
	Total Payments Listed (column totals adde	d)	•••		<u>\$399</u>	9,921,0	<u>)00</u>	
		D. FEDERAL SIGNATURE						
constitut		y the undersigned duly authorized person. If this notice is the U.S. Securities and Exchange Commission, upon writt r pursuant to paragraph (b)(2) of Rule 502.						
ssuer (P	rint of Type)	Signature						
CASA P	artners II, L.P.	That Sook Mar	ch 7, 2	2002				
Name of	Signer (Print or Type)	Title of Signer (Print or Type)						
Brian C	Booker	Secretary, Henderson Global Investors GP, L.L.C., ge	neral	partı	ier of CASA	Partn	ers l	II, L.P.

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## **ATTACHMENT**

### **A. BASIC IDENTIFICATION DATA**

### **Directors:**

Darkins, James - 737 North Michigan Avenue, Suite 1950, Chicago, IL 60611 Dranfield, Sean - 737 North Michigan Avenue, Suite 1950, Chicago, IL 60611 McWhorter, David - 737 North Michigan Avenue, Suite 1950, Chicago, IL 60611

### **Executive Officers and Directors:**

Denyer, Douglas - 737 North Michigan Avenue, Suite 1950, Chicago, IL 60611 Wurtzebach, Charles - 737 North Michigan Avenue, Suite 1950, Chicago, IL 60611

# **Executive Officers:**

Booker, Brian - 737 North Michigan Avenue, Suite 1950, Chicago, IL 60611

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